

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10 760428

01-21-09

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		1				
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TOTAL IND.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11					

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